

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

SM

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

Michael Mayo

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

CCDOC Medical Staff

Cermak Health Services

Cook County Sheriff's Dept Tom Dart CCDOC

1:21-cv-05014

Judge Robert M. Dow, Jr  
Magistrate Judge M. David Weisman  
PC7  
Direct

**RECEIVED**

SEP 21 2021 M

Case No: THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT  
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

X

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
**U.S. Code (state, county, or municipal defendants)**

      

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

      

**OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**I. Plaintiff(s):**

- A. Name: Michael Cooper Mayo
- B. List all aliases: N/A
- C. Prisoner identification number: 20181127027
- D. Place of present confinement: Cook County Jail  
2700 South California
- E. Address: PO Box 24000 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: CCDOC Medical Staff  
Title: \_\_\_\_\_  
Place of Employment: Cook County Jail
- B. Defendant: Cermak Health Services  
Title: \_\_\_\_\_  
Place of Employment: Cook County Jail
- C. Defendant: Cook County Sheriff's Dept Tom Dart  
Title: Sheriff  
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 13, 2020 plaintiff became aware of the COVID-19 virus spreading throughout the jail. At the same time CCDOC decided to stop passing out soap. Grievance filed Mar 13, 2020 (Exhibit A)  
During this time all services were stopped (law Librarian, street exchange, sick call, dentist, laundry, showers backed up, grievances are not given out) In addition guards sit outside deck offering no protection. On March 30, 2020 plaintiff filed grievance for no mask, gloves or hand sanitizer. There is no social distance on 3G which is a dorm with 39 men at <sup>(Exhibit B)</sup> On April 17, 2020 plaintiff tested positive for COVID-19 virus.  
On April 24, 2020 plaintiff filed grievance stating Cook County Sheriffs and Cernak health did not take appropriate measures to protect me from the virus, <sup>(Exhibit C)</sup> On May 2 2020 CCDOC was in violation of federal judges injunction on COVID-19. Plaintiff filed grievance on May 2, 2020 (Exhibit D) After plaintiff's deck (division 8/36) was quarantined, CCDOC continued to add newly infected inmates. Plaintiff filed grievance <sup>(Exhibit E)</sup>

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

CCDOC used COVID-19 virus as a reason to leave violence on 36 unchecked. Plaintiff's safety was in danger on a daily basis. Plaintiff filed grievance on May 4, 2020 (Exhibit F) On Sept. 7, 2020 Plaintiff filed grievance for the continued neglectful behavior as it relates to COVID-19 (Exhibit G)

As a result of testing positive for the COVID-19 virus I experience continued shortness of breath and I have not regained my taste.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray the court finds my claim both complete and accurate and find in favor of the plaintiff for compensatory damages, punitive damages and nominal damages against each defendant jointly and severally.

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11<sup>th</sup> day of Aug, 2021

Michael C. Mayo  
(Signature of plaintiff or plaintiffs)

Michael Mayo  
(Print name)

20181127027  
(I.D. Number)

2700 South California  
Chicago, IL 60608  
(Address)

Exhibit A



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit A

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Mayo

Michael

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

March 13, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibo una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) March 13, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) all day	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 / 3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Tom Dart Cook County Sheriff Cook County Jail
--	---	---	---

I am 43 and diabetic. Today I found out that we are no longer issued soap, in addition to that we are no longer able to buy soap from commissary. The County has decided to issue us 3.5 oz Amer Fresh 3 in 1 packs. At a time when a virus is running rampant they take soap away. These 3 in 1 packs are not enough to last a week. Being diabetic along with my other health issues it is important that I stay clean! Now because of this decision we can not wash our clothes either. This is not healthy for anyone to live under these conditions.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información.)

Beds, Boxes and Officers on duty

INMATE SIGNATURE: (Firma del Preso):

Michael C. Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-17-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso / Apelación)

Scales

2020

CONTROL NUMBER

INMATE #

02963 794313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Mayo

INMATE FIRST NAME (Primer Nombre): Michael

ID Number (# de Identificación): 2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

100 - Hygiene

IMMEDIATE CRW RESPONSE (If applicable):

CRW / REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): OBTU - Sun

DATE REFERRED: 3/18/20

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Soap is passed out 2x weekly. There is no shortage of

PERSONNEL RESPONDING TO GRIEVANCE (Print): TDR

SIGNATURE: TDR

DIV/DEPT: 08/ICU

DATE: 4/20/20

INMATE SIGNATURE (Firma del Preso): DDU VIA COVID 19 PROZ Ame

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 4/30/20

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COP

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) May 15 2020

During the time this grievance was filed no soap was being distributed. This was during a period when COVID-19 was spreading rapidly in the Cook County Jail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) 

No (No)

Recd 5/13/20

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

It takes time to measure to take place  
due to the extenuating circumstances,  
of COVID-19

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): TDR

SIGNATURE (Firma del Administrador o/su Designado(a))

DATE (Fecha): 5/14/20

2020

INMATE SIGNATURE (Firma del Preso): DDU VIA COVID 19 PROZ Ame

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/26/20

Exhibit B



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit B

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

<input checked="" type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance	<input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: <input type="checkbox"/> Other:	
PRINT - INMATE LAST NAME (Apellido del Preso): <b>Mayo</b>	PRINT - FIRST NAME (Primer Nombre): <b>Michael</b>	INMATE BOOKING NUMBER (# de identificación del Preso): <b>20181127027</b>
DIVISION (División): <b>8</b>	LIVING UNIT (Unidad): <b>3G</b>	DATE (Fecha): <b>March 30, 2020</b>

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para serapelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) <b>March 30, 2020</b>	REQUIRED - TIME OF INCIDENT (Horas del Incidente) <b>all day</b>	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) <b>Division 8 / 3G</b>	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) <b>Cook County Sheriff Cook County</b>
--	---	---	---

I am 43 years old and have a compromised immune system due to multiple health conditions (Kidney failure, diabetes and high blood pressure). On multiple dates I have asked for protective gear such as mask, gloves or hand sanitizer, to date none of these things have been provided. In addition with the spread of the COVID19 virus, that has been identified on the 3rd floor where I am housed there has been no cleaning of the living area or the shower space in months. Our clothes are cleaned about every 2-3 weeks. Finally what is even more crazy is the expectation of social distance in a space of about 3500 ft<sup>2</sup> with almost 40 men whose bunks are only 36 inches apart.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)**Coronavirus and staff**

INMATE SIGNATURE: (Firma del Preso):

**Michael Mayo**

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <b>S. Davis</b>	SIGNATURE: <b>Michael</b>	DATE CRW/PLATOON COUNSELOR RECEIVED: <b>3-9-20</b>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:

## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/Apelación)

DAN

2020

CONTROL NUMBER

INMATE #

03615

778313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

20181208 Sun  
006-CR Issue doc

GRIEVANCE ISSUE AS DETERMINED BY CRW:

006-CR Issue doc

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

8th St Sup Doc C. Admin (48)

DATE REFERRED:

4/10/20

## RESPONSE BY PERSONNEL HANDLING REFERRAL

All detainees have been given mask to wear

PERSONNEL RESPONDING TO GRIEVANCE (Print):

H.D.

SIGNATURE:

H.D.

DIV/DEPT:

08/HTA

DATE:

4/20/20

INMATE SIGNATURE (Firma del Preso):

Det. via Covid-19 - Proc Chz

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/30/20

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

White Copy

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) May 15, 2020

The first inmate with COVID-19 was taken off our deck in early March when we made our request for mask. It was not until mid April that we received mask for after everyone on the deck was infected with COVID-19. This is like giving me a glass after someone poured milk on the floor!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si)  NO 

Rec'd 5/13/20

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

RR

ORIGINAL RESPONSE BY DS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): 162K6

SIGNATURE (Firma del Administrador o/su Designado(a)): J.D.

DATE (Fecha): 5/14/20

2020

INMATE SIGNATURE (Firma del Preso):

Det. via Covid-19 Proc Chz

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/20/20

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

Exhibit C



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit C

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Cermak Health Services Grievance Superintendent: Non-Compliant Grievance Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 24, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) ON Nov 27, 2018 going	REQUIRED - TIME OF INCIDENT (Horas del Incidente) ON going	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Tom Dart Cook County Sheriff Medical Staff
--	--	---	--

I have been in the custody of the Cook County Sheriff since Nov. 27, 2018. I have been exposed to and tested positive for COVID-19 due to the condition at the Cook County Jail. The Sheriff have not taken appropriate measures to protect me from the virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cook County Sheriff Staff

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Exhibit D



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit D

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 2, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
May 2, 2020	May 2, 2020 12:01 AM	Division 8 / 3G	Tom Dart Cook County Sheriff's

I am in the custody of CCDOC. On April 27, 2020 a federal judge placed an injunction on CCDOC requiring them to provide daily mask to all inmates, hand sanitizers, stop the use of bullpens and group housing. CCDOC was given until Friday May 1, 2020 to comply with this order. As of May 2, 2020 CCDOC is still in violation of this federal judge's injunction.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. L. Fender

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swanson

SIGNATURE:

DATE REVIEWED:

5-11-20

**INMATE COPY****COOK COUNTY SHERIFF'S OFFICE**

(Oficina Del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE/APPEAL FORM**

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020

47744

794313

**INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY**

INMATE LAST NAME (Apellido del Preso):

MANGA

INMATE FIRST NAME (Primer Nombre):

MICHAEL

ID Number (# de Identificación):

20161127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

CCU COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

Counselor staff utilized sanitizing

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

3/10/20

**RESPONSE BY PERSONNEL HANDLING REFERRAL**

MSL has message to Michael Mangas  
to do as I told him to do  
I told him.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

18HOD

DATE:

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/19/2020

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) May 126 2020

During the time my original grievance was filed none of the above mentioned was being done. It has become a practice of CDOC to not respond to a grievance until they have had a chance to somewhat fix the problem. If there was never a problem why would I file a grievance!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si)  No

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

CCDC is in compliance with all current court orders, as well as all state and city guidelines.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): 12/25/20

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha): 6/4/20

INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/12/2020

Exhibit E



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit E

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

- Cermak Health Services  
 Superintendent: \_\_\_\_\_  
 Other: \_\_\_\_\_

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 2, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
On going	On going	Division 8/36	Tom Darr / Medical Staff Cook County Sheriff Cook County Jail

On April 17, 2020 most of the inmate on 36 division 8 tested positive for COVID-19 virus. The 5 inmate that did not test positive were moved to 35. Those of us that were left on 36 were told we were being placed under quarantine for two weeks. For the past two week, multiple inmates who tested positive have been added to our deck. According to a statement made by the head nurse Ms. Anderson on May 2, 2020 individual who had COVID-19 and recovered can be reinfected if re-exposed to the virus. According to a statement made by Dr. Ennis on May 1, 2020 CDC is adding newly infected inmate with our deck to see if we become infected. We are lab rats!

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cameras, Nurse Anderson, Dr. Ennis

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. Fennell

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-11-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

S. Johnson

SIGNATURE:

DATE REVIEWED:

5-11-20



**COOK COUNTY SHERIFF'S OFFICE**  
**(Oficina Del Alguacil del Condado de Cook)**  
**INMATE GRIEVANCE RESPONSE/APPEAL FORM**  
**(Formulario de Queja del Preso/ Apelación)**

JWVnigen

CONTROL NUMBER INMATE #

2020 C4797 744313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Mayo	INMATE FIRST NAME (Primer Nombre): Michael	ID Number (# de Identificación): 20181107027
--	---	---

GRIEVANCE ISSUE AS DETERMINED BY CRW: 005 - COVID-19
---

IMMEDIATE CRW RESPONSE (if applicable):
---

RTU Division identified as initially CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): Cermak	DATEREFERRED: 5/12/20
---	--------------------------

## RESPONSE BY PERSONNEL HANDLING REFERRAL

Cannot prove/plagiarize allegation of conservation officer who is also the treatment supervisor at all times. You have no right to bring out Brian Davies you can't see what he does. I only provide medical care to the patients. I'm not allowed to discuss or agree with the medical treatment.			
---	--	--	--

PERSONNEL RESPONDING TO GRIEVANCE (Print): Susan Shetler	SIGNATURE: Susan Shetler	DIV/DEPT: DHR	DATE: 6/12/20
---	-----------------------------	------------------	------------------

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso): Delv. via COVID-19 Proc. Chrg	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 6/9/2020
--	--

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies. (Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
--

JUN
-----

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): June 16/2020
---

The facts are the facts. I can prove the allegations because I heard it with my own ears.
--

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) <input type="checkbox"/> No <input checked="" type="checkbox"/>
--

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)
---

Research activities have not been conducted.
---

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): Susan Shetler	SIGNATURE (Firma del Administrador o/su Designado(a)):	DATE (Fecha): 06/19/20
--	--	------------------------

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso): Delv. via COVID-19 Proc. Chrg	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 6/22/2020
--	--

INMATE	INMATE
--------	--------

(FCN-72) (NOV 17) (WHITE COPY – INMATE SERVICES) (YELLOW COPY – C.R.W.) (PINK COPY – INMATE)

-Exhibit F



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit F

(1 of 3)

CONTROL #

INMATE ID #

2020 \* 04912

M94.313

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

- Emergency Grievance  
 Grievance  
 Non-Compliant Grievance

 Cermak Health Services Superintendent: Other: O.P.R.-T.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (#de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE(Fecha):

May 4, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 12, 2020 April 22, 2020 May 2, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) Various	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Tom Dart / Medical Staff Cook County Sheriff's
--	--	--	--

In the Cook County Department of Corrections inmate information handbook, Chapter 3 inmates rights, privileges and services page 9. Number 11 states, "You should feel safe in your living unit."

I am housed in division 8/3G in less than 2 weeks I have experienced three violent attack by inmate with little or no assistance from CCDC. On April 22, 2020 I witnessed a vicious attack on an inmate who slept in bunk 3G13. This inmate was attacked by a mob of inmate in the bathroom. There was never any assistance from CCDC.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o preso que tengan información:)

Cameras and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

SRW/PLATOON COUNSELOR (Print):  
CW FREEMAN

SIGNATURE:

CW FREEMAN

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 MAY 20

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 3)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

CONTROL #

INMATE ID #

2020 \* 04912

794313

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance

DOD

 Cermak Health Services Superintendent: Other: O.P.R.-TIS

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

20181177027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 4, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 127, 2020	Various	Division 8 / 36	Tom Dast / Medical Staff
April 129, 2020			Cook County Sheriff's
May 7, 2020			

The inmate stumbled to the front door bleeding and with multiple contusions. On April 29, 2020, he was maced and witnessed savage attacks to a fellow inmate that included him being hit with a computer and attacked by more than five inmates. He witnessed him beating on the security glass while he screamed for help from Cook County Sheriff. Once again there was no assistance for over an hour. On May 2, 2020 he witnessed a brutal fight between two inmates. Even after several minutes of them beating each other to a bloody pulp no sheriff

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Counselors and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

MW Flegman

SIGNATURE:

MW Flegman

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 May 2020

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3053)

CONTROL #

INMATE ID #

2020 \* D4912

7943B

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance

080

 Cermak Health Services Superintendent Other:

O.P.R. - I.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

30

DATE (Fecha):

May 4, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker).

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - Name and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 22, 2020 April 29, 2020 May 3, 2020	Yardous	Division 8 / 30	Tony Daal / Michael Mayo Cook County Sheriff

entered the deck. The only assistance that was given was one sheriff yelling, "Stop fighting" to the inmates. As a result of this uncontrolled violence, I cannot sleep and when I do sleep I have violent nightmares. After enduring the stress of no count, testing positive for COVID-19 and the neglectful behavior of CCDC I am requesting a psych evaluation.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

Counselor and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Platoon

SIGNATURE:

CW Freeman

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 MAY 2020

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

## COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2020 \* 04912 794313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

MAYO

INMATE FIRST NAME (Primer Nombre):

MICHAEL

ID Number (# de Identificación):

2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

080: FAILURE TO PROTECT

IMMEDIATE CRW RESPONSE (If applicable):

CRW did provide inmate with CTS request form for any medical or medicinal issues from alleged incident..

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

O.P.R. I.S.

DATE REFERRED:

05/12/20

## RESPONSE BY PERSONNEL HANDLING REFERRAL

SEE ATTACHED

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Supv L Fender

SIGNATURE:

DIV./DEPT.

ISamm

DATE:

5/12/20

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Proc Chng.

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):

5/12/2020

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COP

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 14 2020

I have never been given a medical request form during this period. Only a sign up sheet, which I was the first on the list but was never called. Cook County Sheriff did not take appropriate measures to protect me. Please review cameras to support my claim.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si)  No 

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Inmt.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

J Miettner

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

5/27/20

## THIS SECTION IS TO BE COMPLETED BY INMATE



INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19 Proc Chng.

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/28/20

INMATE

**Inmate Grievance Number: 2020x04912**  
**Numero De Queja**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

*Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión Professional (OPR) y al Superintendente de la División para una revisión y/o investigación.*

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below or submitting an inmate request form, to speak with the Divisional Superintendent.

*Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión Professional (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.*

To exhaust your administrative remedy (regardless of the OPR investigation review, determination or outcome) you must appeal this immediate grievance response within 15 calendar days.

*Con el fin de agotar los recursos administrativos (independiente de la revisión de la investigación, decisión o el resultado de OPR) usted debe apelar la respuesta principal de esta queja dentro los 15 días calendarios.*

**Office of Professional Review  
3026 S. California Ave  
Building 2 / 4<sup>th</sup> floor  
Chicago, Illinois 60608**

**INMATE COPY**

Exhibit G



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 2)

CONTROL #

INMATE ID #

Exh. 64 G

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de Identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

## GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

## DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente reclamada y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Sept. 7, 2020	12:00 - 12:30pm	Division 8/3G	Cook County Sheriff's Tom Dast

Today between 12:00 - 12:30pm ourself, division 8/3G was notified that an inmate had once again tested positive for COVID-19 virus. El test positivo para el COVID-19 virus en April 17, 2020. (El fue re-testado en Aug. 11, 2020 with a negative result) On March 30, 2020 el notificado ((DOC)) through a grievance that the conditions in division 8/3G were not conducive to a safe COVID-19 free environment. En la inmate grievance response/appeal form ((DOC) stated, "All detainees have been given mask to wear." (Control # 2020-03615)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información):

Nurse Anderson / Staff / Cameron / Mr. Arias

INMATE SIGNATURE (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

J. Reed / Wilson

SIGNATURE:

CJ

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/3/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

CJ

DATE REVIEWED:



(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM**

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

(2 of 2)

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(Para ser llenado solo por el personal de Inmate Services)

 Emergency Grievance Cermak Health Services Grievance Superintendent: Non-Compliant Grievance Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

**GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT**

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

**DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA**

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) Sept 7, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) 12:00 - 12:30 pm	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G	REQUIRED - Cermak Health Cook County Sheriff's Tom Dart
--	---	---	---

CCDOC has had months to correct their negligent behavior, but has done little to nothing to improve our living conditions. We are still on a deck with 39 men who sleep within 36 inches of each other, but according to a grievance response dated 5/12/20 # 2020-4799 = CCDOC is in compliance with all current court orders, as well as all state and CDC guidelines." We are now being subjected to re-infection and have been quarantined for 21 days. Re-infected inmate Efrain Arias # 20180127004

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información)

Nurse Anderson / Staff / Camerino

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Michael Mayo (Signature)

SIGNATURE:

Michael Mayo

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/8/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE  
(Oficina Del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE/APPEAL FORM  
(Formulario de Queja del Preso/ Apelación)

INMATE COPY

Sneed  
CONTROL NUMBER

INMATE #

202011482 794313

## INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): <b>Mayo</b>	INMATE FIRST NAME (Primer Nombre): <b>Michael</b>	ID Number (# de Identificación): <b>20181127027</b>
---	--	--

GRIEVANCE ISSUE AS DETERMINED BY CRW:  
**(YTC-CV Issues DR**

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):  
**DIV 8TU-SOT**

DATE REFERRED:

**9/9/20**

## RESPONSE BY PERSONNEL HANDLING REFERRAL

**The COSO has implemented procedures to reduce the spread of COVID-19 with guidance from the CDC and other health organizations.**

PERSONNEL RESPONDING TO GRIEVANCE (Print): <b>T. Bouffet #736</b>	SIGNATURE: <b>14Bouffet</b>	DIV./DEPT. <b>RTU</b>	DATE: <b>9/18/2020</b>
--	--------------------------------	--------------------------	---------------------------

INMATE SIGNATURE (Firma del Preso):

**Detv. via COVID 19**

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

**09/23/20**

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): **Sept 122/2020**

**The Cook County Sheriff's and Cermak Health have not done enough to protect me because they refuse to social distance in division 8. We are still housed in a dorm setting with almost 40 men with serious health issues.**

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (SI)  No

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

**CCSOC IS in compliance with all current Covid-19 guidelines**

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): **Verka**SIGNATURE (Firma del Administrador o/su Designado(a)): **Verka**

DATE (Fecha):

**9/28/20**

INMATE SIGNATURE (Firma del Preso):

**Detv Via COVID19**

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

**10/1/20**

CERTIFIED MAIL®

Michael Mayo  
2018127027  
2700 South California  
Chicago, IL 60610-0841



7018 3090 0000 1751 4486

ZIP 60606  
041M11297257

TO POST  
\$0.09 16¢  
U.S. POSTAGE

Prisoner Correspondent  
U.S. District Court  
219 South Dearborn 20th Floor  
Chicago, IL 60604

2021 SEP 21 AM 2:14  
ME



09/21/2021-12